

**TOWN OF RIVERHEAD  
OFFICE OF THE FIRE MARSHAL**

1295 Pulaski Street, Riverhead, New York 11901 ~ 631-727-3200 x 601

**ANNUAL CERTIFICATION of INSPECTION and TESTING**

(Pursuant to Section 64-13C Town of Riverhead Code)

***FIRE SPRINKLER SYSTEM***

**CAUTION:** Notify all occupants and any agencies who might respond before testing system. Failure to do so may result in legal action against the inspector.

*PLEASE PRINT ALL INFORMATION*

Name of Premises: \_\_\_\_\_

Address of Premises: \_\_\_\_\_

Fire District: \_\_\_\_\_ Name of Owner or Agent present: \_\_\_\_\_

Is occupancy ***hazard classification*** same as previous test? \_\_\_\_\_

Type of system: \_\_\_\_\_ If DRY pipe system, date of trip test: \_\_\_\_\_

2" Main Drain Test:

Pressure **before** test: \_\_\_\_\_ Pressure **during** test: \_\_\_\_\_ Pressure **after** test: \_\_\_\_\_

List all deficiencies noted: \_\_\_\_\_

\_\_\_\_\_

Were **all** deficiencies noted above corrected? \_\_\_\_\_ If not, why: \_\_\_\_\_

Name of Inspecting Firm: \_\_\_\_\_

Address of Inspecting Firm: \_\_\_\_\_

Phone Number of Inspecting Firm: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

**CERTIFICATION:** I, an employee of the Inspecting Firm listed above, do hereby certify that the sprinkler system described above was inspected in accordance with the applicable portions of NFPA 25 (2008 version) particularly Table 5.1; 5.5.1 and annex B of NFPA 25. This certification does not imply that items requiring daily, weekly, monthly or quarterly inspection or testing were performed at the specified intervals, but does imply that all such items were inspected or tested and appear to function as noted in this certification at the time of inspection. I certify that this inspection has been properly conducted and all of the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
PRINT Name of Inspector

\_\_\_\_\_  
SIGNATURE of Inspector

\_\_\_\_\_  
Date

File Form with original signature to the Fire Marshal Office at above address. DO NOT send fax.  
**ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A MISDEMEANOR**

FM USE ONLY: Received: \_\_\_\_\_ Approval: \_\_\_\_\_